



# CLINICAL GUIDELINES

## CMM-202: Trigger Point Injections

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## **CMM-202: Trigger Point Injections**

<b>CMM-202.1: Definitions</b>	<b>3</b>
<b>CMM-202.2: General Guidelines</b>	<b>3</b>
<b>CMM-202.3: Indications</b>	<b>3</b>
<b>CMM-202.4: Non-indications</b>	<b>4</b>
<b>CMM-202.5: Procedure (CPT®) Codes</b>	<b>4</b>
<b>CMM-202.6: References</b>	<b>5</b>

### **CMM-202.1: Definitions**

- **Trigger point injections** are defined as an injection of a local anesthetic with or without the addition of a corticosteroid into clinically identified myofascial trigger points.
- **Myofascial trigger point** is defined as a discrete, focal, hyperirritable spot found within a taught band of skeletal muscle or its fascia which when provocatively compressed causes local pain or tenderness as well as characteristic referred pain, tenderness and/or autonomic phenomena. Digital palpation, as well as needle insertion into the trigger point, can often lead to a local twitch response. A local twitch response is a transient visible or palpable contraction of the muscle. The presence of characteristic referred pain, tenderness, muscle shortening and/or autonomic phenomena (e.g., vasomotor changes, pilomotor changes, muscle twitches, etc.) is necessary to render the diagnosis of a myofascial trigger point. Tender points within a muscle or its fascia, which do not refer pain, tenderness and/or autonomic phenomena and lack a local twitch response, cannot be considered a myofascial trigger point.

### **CMM-202.2: General Guidelines**

- Trigger point injections are not without risk, and can expose patients to potential complications.
- The determination of medical necessity for the use of trigger point injections is always made on a case-by-case basis.

### **CMM-202.3: Indications**

- Trigger point injections are considered **medically necessary** when BOTH of the following criteria are met:
  - ◆ A myofascial trigger point has been identified by the presence of ONE or MORE of the following on physical examination:
    - Characteristic referred pain
    - Tenderness
    - Muscle shortening
    - Autonomic phenomena (e.g., vasomotor changes, pilomotor changes, muscle twitches, etc.)
  - ◆ Performed using a local anesthetic with or without steroid (e.g., saline or glucose)
- Repeat trigger point injections are considered **medically necessary** when BOTH of the following are documented:
  - ◆ At least 50% pain relief with evidence of functional improvement for a minimum of six (6) weeks following the prior injection(s)
  - ◆ Adequate instruction or supervision in self-management strategies (i.e., therapeutic exercise, ergonomic advice, ADL training, etc.)

### CMM-202.4: Non-indications

- Trigger point injections are considered **not medically necessary** for any of the following:
  - ◆ When performed with any substance other than local anesthetic with or without steroid (e.g., saline or glucose)
  - ◆ When performed on the same day of service as other treatments in the same region
  - ◆ When requested for any of the following:
    - Acupuncture
    - Electro-Acupuncture
    - Acupoint injections, aka Biopuncture (saline, sugar, herbals, homeopathic substances)
    - Dry needling
    - Image-guided injection over spinal hardware
- Repeat trigger point injections are considered **not medically necessary** for any of the following:
  - ◆ An isolated treatment modality
  - ◆ An interval of less than two (2) months
  - ◆ More than four (4) trigger point injection sessions per body region per year

### CMM-202.5: Procedure (CPT®) Codes

This guideline relates to the CPT® code set below. Codes are displayed for informational purposes only. Any given code's inclusion on this list does not necessarily indicate prior authorization is required. Pre- authorization requirements vary by individual payor.

CPT®	Code Description/Definition
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)
20553	Injection(s); single or multiple trigger point(s), 3 or more muscle(s)

This list may not be all inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the individual payor (health insurance company, etc.) and is based on the member/patient/client/beneficiary's policy or benefit entitlement structure as well as any third party payor guidelines and/or claims processing rules. Providers are strongly urged to contact each payor for individual requirements if they have not already done so.

## CMM-202.6: References

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